

2425

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 327Registrar's No. 65
Southside Hosp.

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hosp.
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 21 Hours; In Community 21 Hours; In Arizona 21 hours
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. Southside Dist. Hosp. (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Connie L. Shinault(b) If Veteran
name war(c) Social
Security No.

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐
Oriental ☐ 6. (a) Single, married, widowed
or divorced Infant

6. (b) Name of husband
or wife6. (c) Age of husband
or wife, if alive 21 yrs.7. Birthdate of deceased March 22, 1946
(Month) (Day) (Year)8. AGE: Years 21 Months 21 Days 21
If less than one day
hrs. min.9. Birthplace Mesa Maricopa Arizona
(City, town or county) (State or Country)10. Usual Occupation Infant

11. Industry or Business

12. Name James C. Shinault13. Birthplace Mule Shoe Texas
(City, town or county) (State or Country)14. Maiden Name Lela Shindler15. Birthplace Gonzales Texas
(City, town or county) (State or Country)16. (a) Informant's own signature Lela Shinault(b) Address Chandler Arizona17. (a) Burial, Cremation or Removal Burial(b) Place Mesa (c) Date 3-25 194618. (a) Embalmer's Signature M. L. Gibbons(b) Funeral Director M. L. Gibbons(c) Address Mesa Arizona19. (a) March 27, 1946
(Date received Local Registrar)(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 23, 1946
TIME (Hour and minute) 11:50 P. M.21. I hereby certify that I attended the deceased from
March 23, 1946 to March 23, 1946
that I last saw her alive on March 23, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Premature birthDue to unknown

Due to

Other conditions
(Include pregnancy within three months of death)Major findings:
Of operations

Of autopsy

DURATION

1 day

PHYSICIAN

Underline the
cause to which
death should
be charged
statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in
public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. Tompkins M. D.
Address Bilbert Arizona Date signed March 26, 1946